

Work Order ID 113620

February-24-14 9:59:44 AM

113620

Page 1

Item ID: 646.3713

Revision ID:

Item Name: Gusset

Start Date: 2/24/14

Start Qty: 4.00

4

Required Date: 2/24/14

Req'd Qty: 4.00

4

Reference:

Accept

N900040100

Setup Start

NS1

Stop

NS2

Cust Item ID:

Customer:

Approvals:

Process Plan: MLJDate: 14-02-24

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start

NR1

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

Draw Nbr

Revision Nbr

646.3700

A

110

0.00

110

Waterjet

FLOW CNC Waterjet

Memo

1-Cut as per Dwg

Dwg Rev: AProg Rev: A

2-Deburr if necessary

0.00

4 0 Jm14-05-7

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Quality Control

Memo

0.00

4 0 Jm14-05-7

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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February-24-14 9:59:44 AM

Page 2

0.00

27
9-89

4/5/18

**DAS
30
9-89**

14/05/02

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

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Work Order ID 113620

February-24-14 9:59:44 AM

113620

Page 3

Item ID: 646.3713

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Gusset

Start Date: 2/24/14

Start Qty: 4.00

4

Cust Item ID:

Required Date: 2/24/14

Req'd Qty: 4.00

4

Customer:

Reference:

Run Start

NR1

Approvals:

Process Plan:

Date:

Tooling:

Date:

Stop

NR2

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

160

Outsource process-Anodize per QSI017 4.1.10.1

0.00

160

Outsource4

Memo

0.00

Outsource process - Anodize

Issue P/O to ATG :

24/04/14

1- Black Anodize as per Dwg 646.3700

2- PRIME AS PER DWG, SEE NOTE #2

Certification of Comformity is required

CY 14/05/09 4

170

Receive & Inspect for Damage & Mat'l Certs

0.00

170

Packaging

Memo

0.00

Packaging

14/05/12 (4)

180

QC5- Inspect part completeness to step on W/O

0.00

180

QC

Memo

0.00

Quality Control

DAS
27

9/89

4/5/21

4

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
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Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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Work Order ID 113620

February-24-14 9:59:44 AM

113620

Page 4

Item ID: 646.3713 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Gusset
Start Date: 2/24/14 Start Qty: 4.00 ***4*** Cust Item ID:
Required Date: 2/24/14 Req'd Qty: 4.00 ***4*** Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
210	Identify as per dwg & Stock Location: <u>ST523A</u>	0.00							
210									
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND REV***								
220	QC21- Final Inspection - Work Order Release	0.00							
220									
QC	Memo	0.00							
Quality Control									

4x DAS 28 MAY 21 2014
9-89

14/5/21 MF

14-5-2

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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Picklist Print

February-24-14 9:59:44 AM

Page 1

Work Order ID: 113620

113620

Parent Item: 646.3713

646.3713

Parent Item Name: Gusset

Start Date: 2/24/14

Required Date: 2/24/14

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP REV:A 12.10.22 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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M6061T6S.063

Purchased

No

110

sf

451.4680

0.299

②

M6061T6S 063

Jm14-05-7

6061-T6 .063 Sheet

Location

Loc Qty

Loc Code

MAT021

451.468

M124446

9

M126075

4.5

M127006

13

M127420

187.62

M128054

237.348

127420

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: _____ Date: _____

Work Order update only ☐

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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

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FIRST ARTICLE INSPECTION CHECKLIST

Measured by: JM		Audited by: ²⁹ 9-89		Preliminary Approval:	
Date: 1405-7		Date: 14/5/8		Date:	

Rev	Date	Change	Revised by	Approved
A	12.11.27	New Issue	KJ	

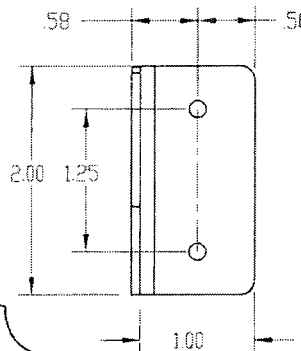
APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03702				SHEET 1 OF 2	
	DWG NO. 646.3700	REV: A	PREPARED BY B. PETERS	DATE: 11/15/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
	DWG TITLE: SHEETMETAL					
APPROVED BY: ENGR. <i>[Signature]</i>		MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: NEXT ORDER		
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE		REASON: ADDED ALTERNATE MATERIAL AND REVISED REFERENCE DIMENSIONS			EOR: D-12-010	

SHEET 1, ZONE A2 IS:

IS

△ PRIMARY MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
ALTERNATE MATERIAL: SS 17-4 PH PER AMS 5604

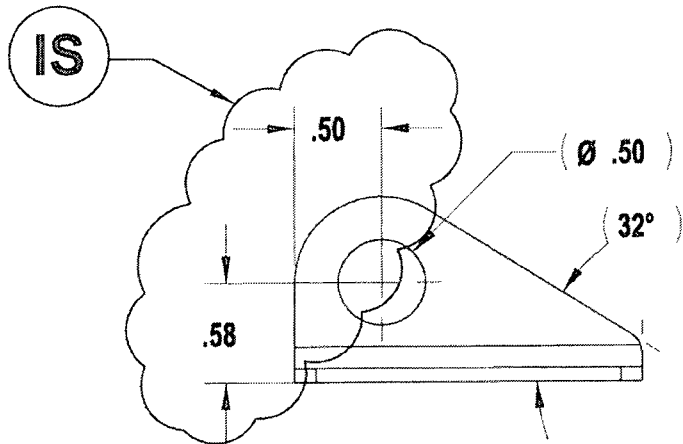
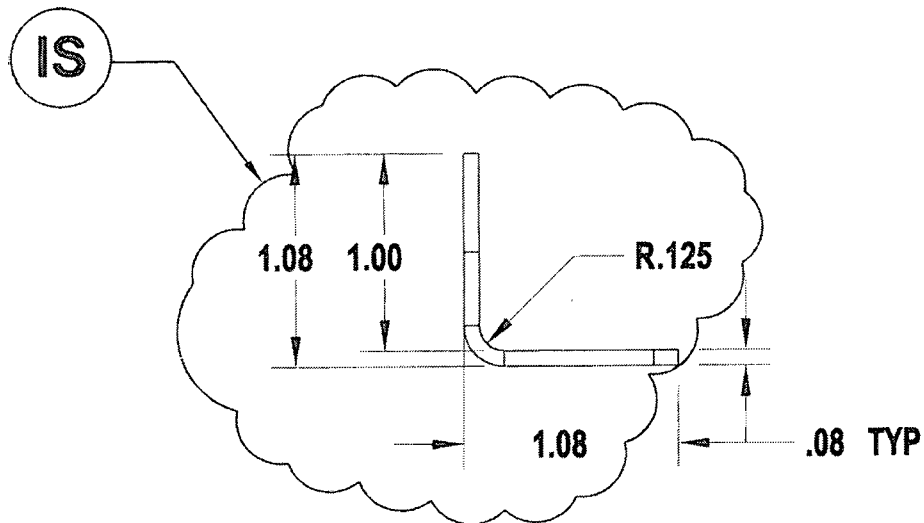
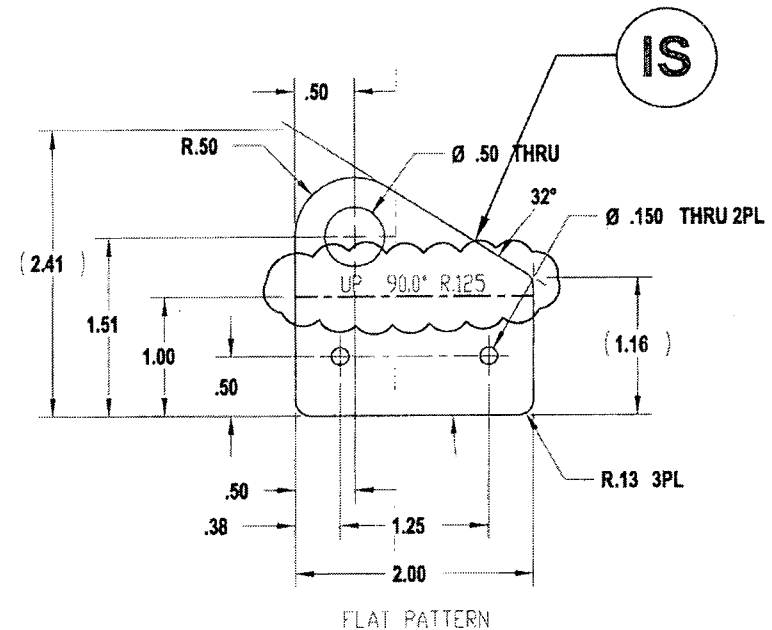
IS



SHEET 7, ZONE B1 IS:

UNCL
S
NO. 113620 ucs
1402-25

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM	CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**SHEET 7, ZONE C4 IS:****SHEET 7, ZONE D1 IS:****SHEET 7, ZONE B7 IS:**

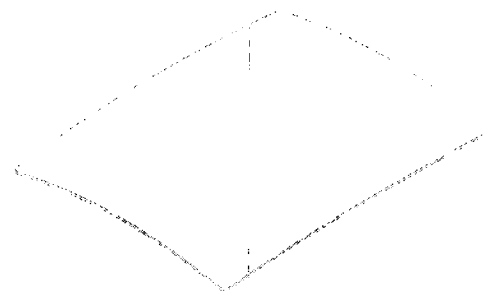
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
-----	----	-------------	-----	-------------	------------------------

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE. THIS INFORMATION IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE.

REV.	DESCRIPTION	DATE	APPROVED
1	UNINCORPORATED ECN(S)	03/02/02	MS

NOTES:

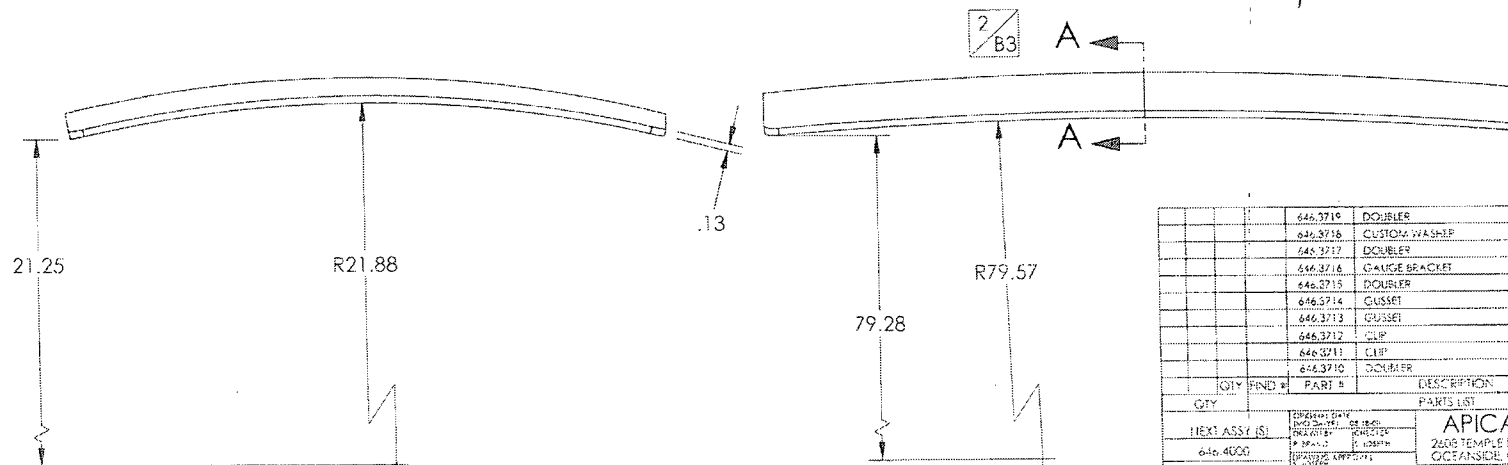
- 1 MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2, COLOR BLACK;
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-23377J TYPE I CLASS N
- 3 MATERIAL: 17-4 PH AMS 5604, CONDITION H900
- 4 FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N
5. DEBURR AND BREAK ALL SHARP EDGES
6. IDENTIFY IAW MPP-120



646.3710

UNINCORPORATED ECN(S)

03702



QTY	PNL	PART #	DESCRIPTION	MATL	SPEC
		646.3710	DOUBLER	AL	
		646.3716	CUSTOM WASHER	AL	
		646.3717	DOUBLER	AL	
		646.3718	GALUGE BRACKET	AL	
		646.3719	DOUBLER	AL	
		646.3714	GUSSET	AL	
		646.3713	GUSSET	AL	
		646.3712	CLIP	AL	
		646.3711	CLIP	AL	
		646.3710	DOUBLER	AL	
QTY	PNL	PART #	DESCRIPTION	MATL	SPEC
		646.4000	DOUBLER	AL	

APICAL INDUSTRIES

2605 TEMPLE HEIGHTS DR.
OCEANSIDE, CA 92056-3512 (760) 724-5500

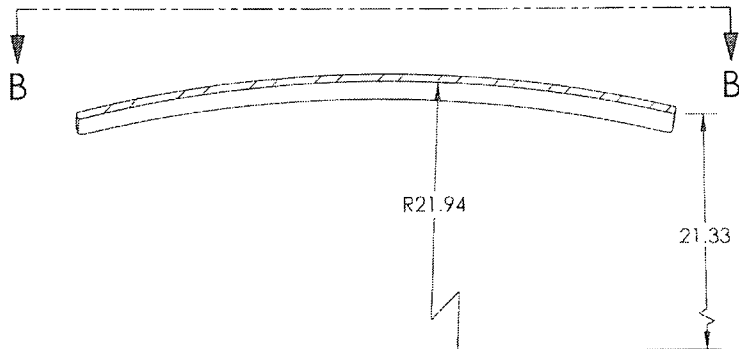
SHEETMETAL

SHEETMETAL DWD NO 646.3700

SCALE: NONE

SHEET 1 OF 1

ALL DIMENSIONS UNLESS OTHERWISE SPECIFIED ARE IN INCHES AND DECIMALS THEREOF.
 ALL DIMENSIONS UNLESS OTHERWISE SPECIFIED ARE IN INCHES AND DECIMALS THEREOF.
 ALL DIMENSIONS UNLESS OTHERWISE SPECIFIED ARE IN INCHES AND DECIMALS THEREOF.



SECTION A-A

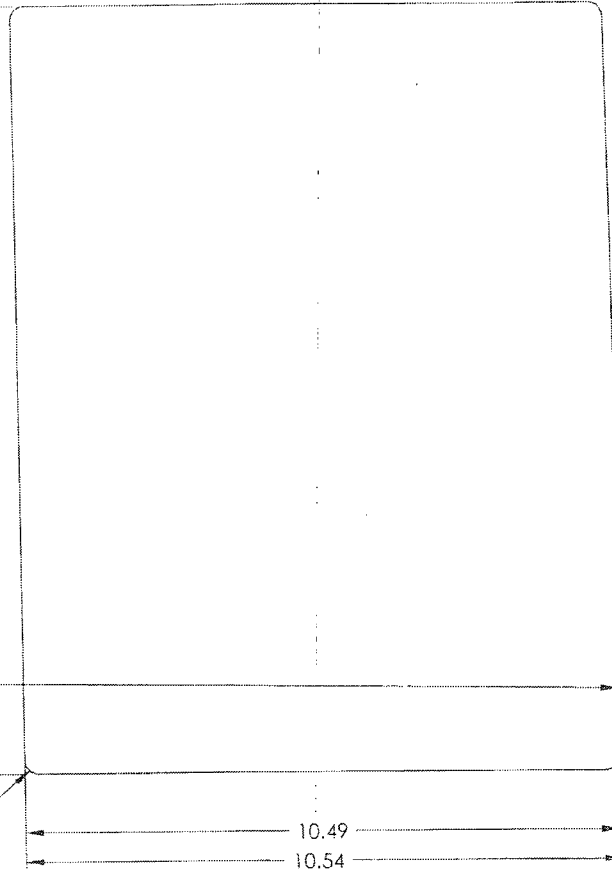


R395.138

R.13 4PL

13.51

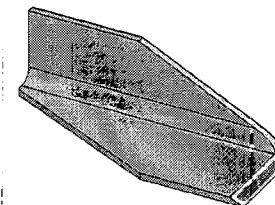
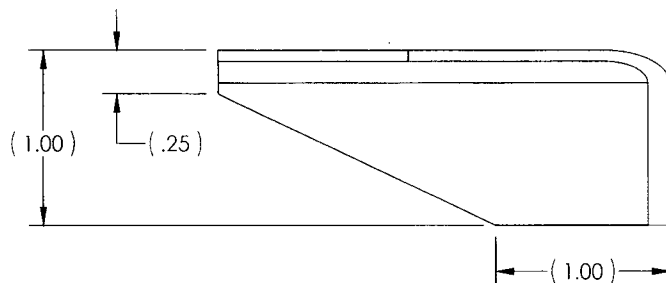
SECTION B-B



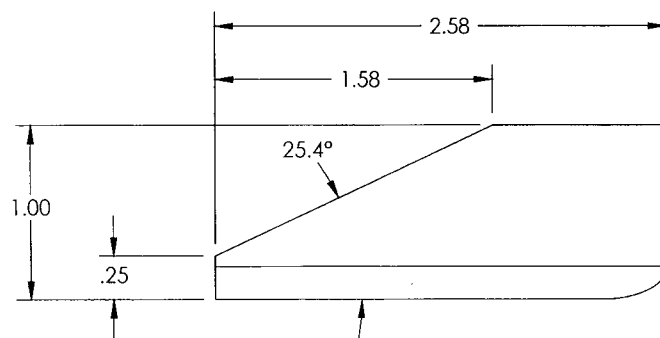
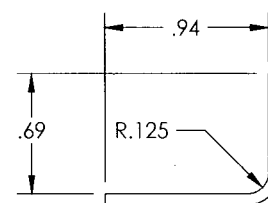
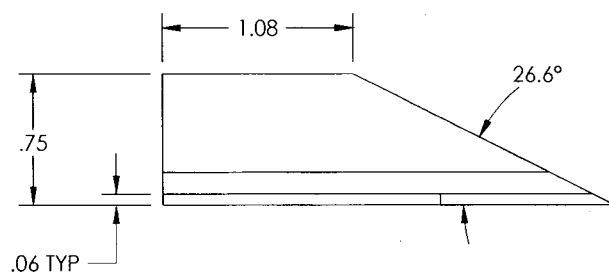
APICAL INDUSTRIES	
2406 TEMPLE HEIGHTS DR.	
OCEANSIDE, CA. 92056-3512 (760) 724-5330	
SHEETMETAL	
DATE: 01/12/00	646.3700
BY: 01/12/00	646.3700
SCALE: NONE	SHEET: 2 OF 2

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REVISIONS			
REV.	DESCRIPTION	DATE	APPROVED



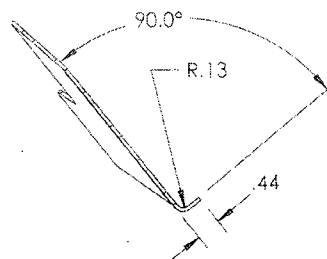
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646.3712 OPPOSITE



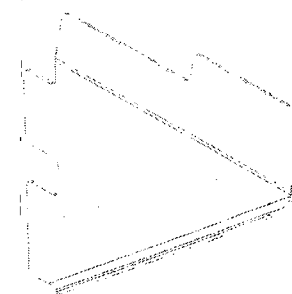
NEXT ASSY (S)		ORIGINAL DATE (D-M-Y)	08-18-08	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 SHEETMETAL			
DRAWN BY		CHECKED	S. JOSEPH				
F. RIAYO		DRAWING APPROVAL					
S. JOSEPH		08-18-08					
CONTRACT NO.		UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ±.01 3 PLACE DECIMALS ±.005 ANGLES ±.5°		SITE B	CAGE CODE 07M26		
				DWG. NO. 646.3700	REV. A		
				SCALE: NONE			
				SHEET 3 OF 9			

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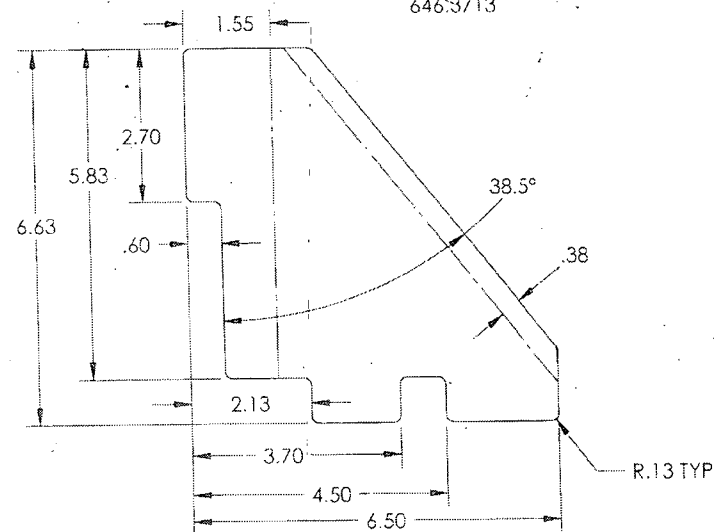
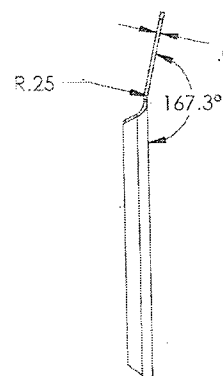
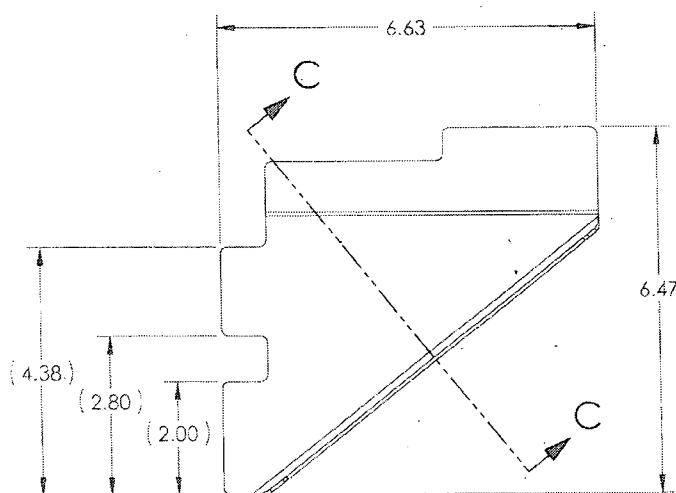
REV.	DESCRIPTION	DATE	APPROVED
1			



SECTION C-C



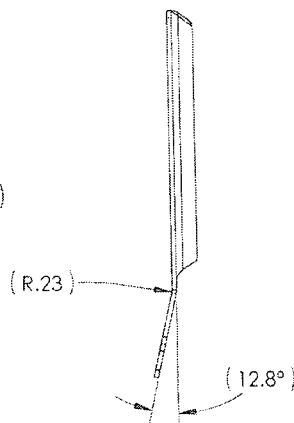
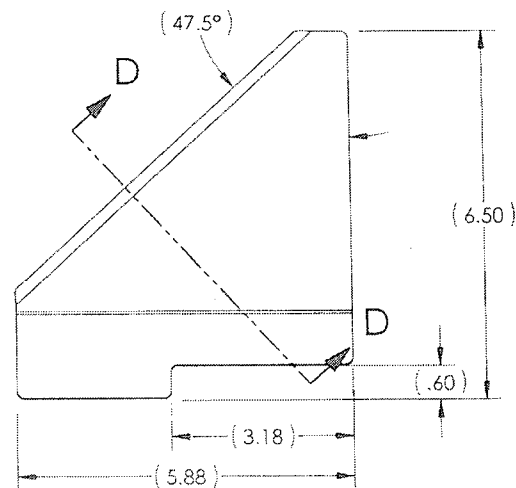
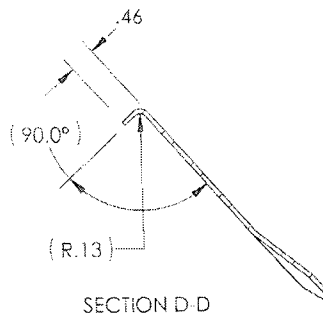
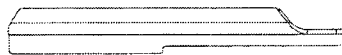
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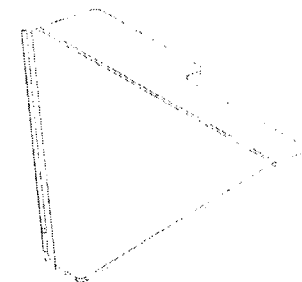
FLAT PATTERN

NEXT ASSY IS:	COMPANY: APICAL INDUSTRIES, INC.		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANA, CALIF. 92056-3812 (760) 724-5300
	PART NO: 646:3713		
	REV: 1		
	DATE: 10/1/88		
DRAWN BY: J. J. JONES	CHECKED BY: J. J. JONES		SHEETMETAL 646.3700 SCALE: NONE SHEET 4 OF 4
	APPROVED BY: J. J. JONES		
	DATE: 10/1/88		
	BY: J. J. JONES		

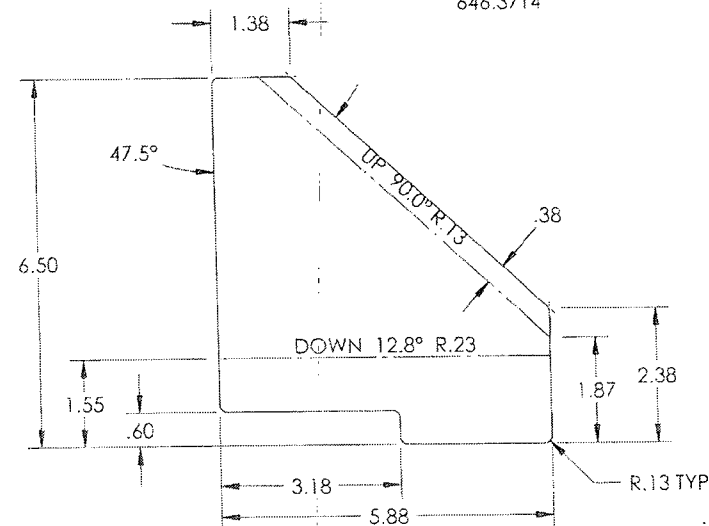
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REV	DESCRIPTION	DATE	APPROVED
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2			
3			



646.3714

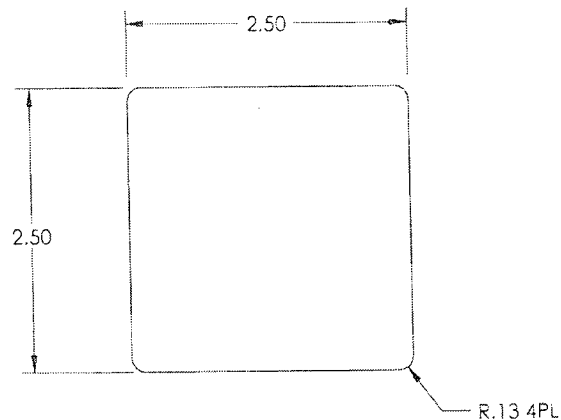


FLAT PATTERN

APICAL INDUSTRIES, INC. 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760) 724-5355	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760) 724-5355 SHEETMETAL 646.3700 SCALE: NONE SHEET 2 OF 2
---	--

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WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES & ASSOCIATES

REV	DESCRIPTION	DATE	BY
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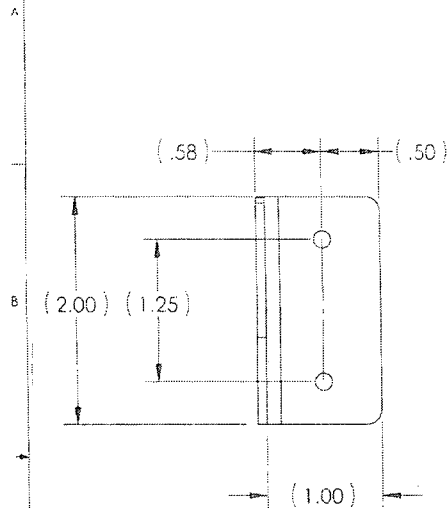


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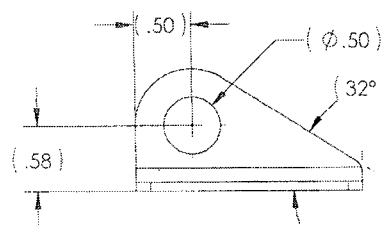
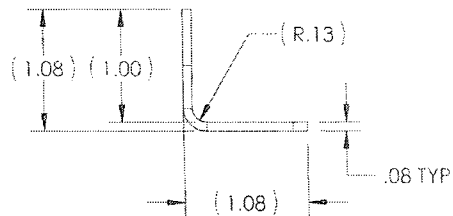
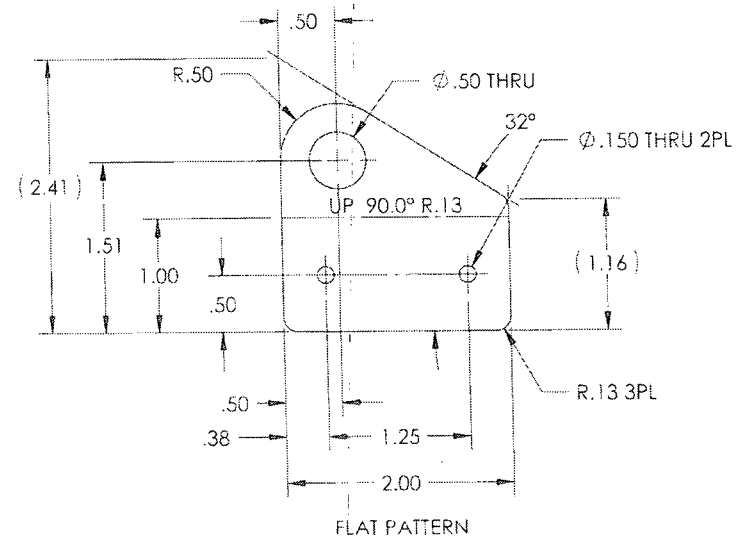
NEXT ASSY IS:		ORIGINAL DATE: 06-18-08	APICAL INDUSTRIES	
REV	DESCRIPTION	DATE	2658 TEMPLE HEIGHTS DR.	
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2	REVISION	06-18-08	SHEETMETAL	
3	REVISION	06-18-08	SHEETMETAL	
4	REVISION	06-18-08	SHEETMETAL	
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100	REVISION	06-18-08	SHEETMETAL	

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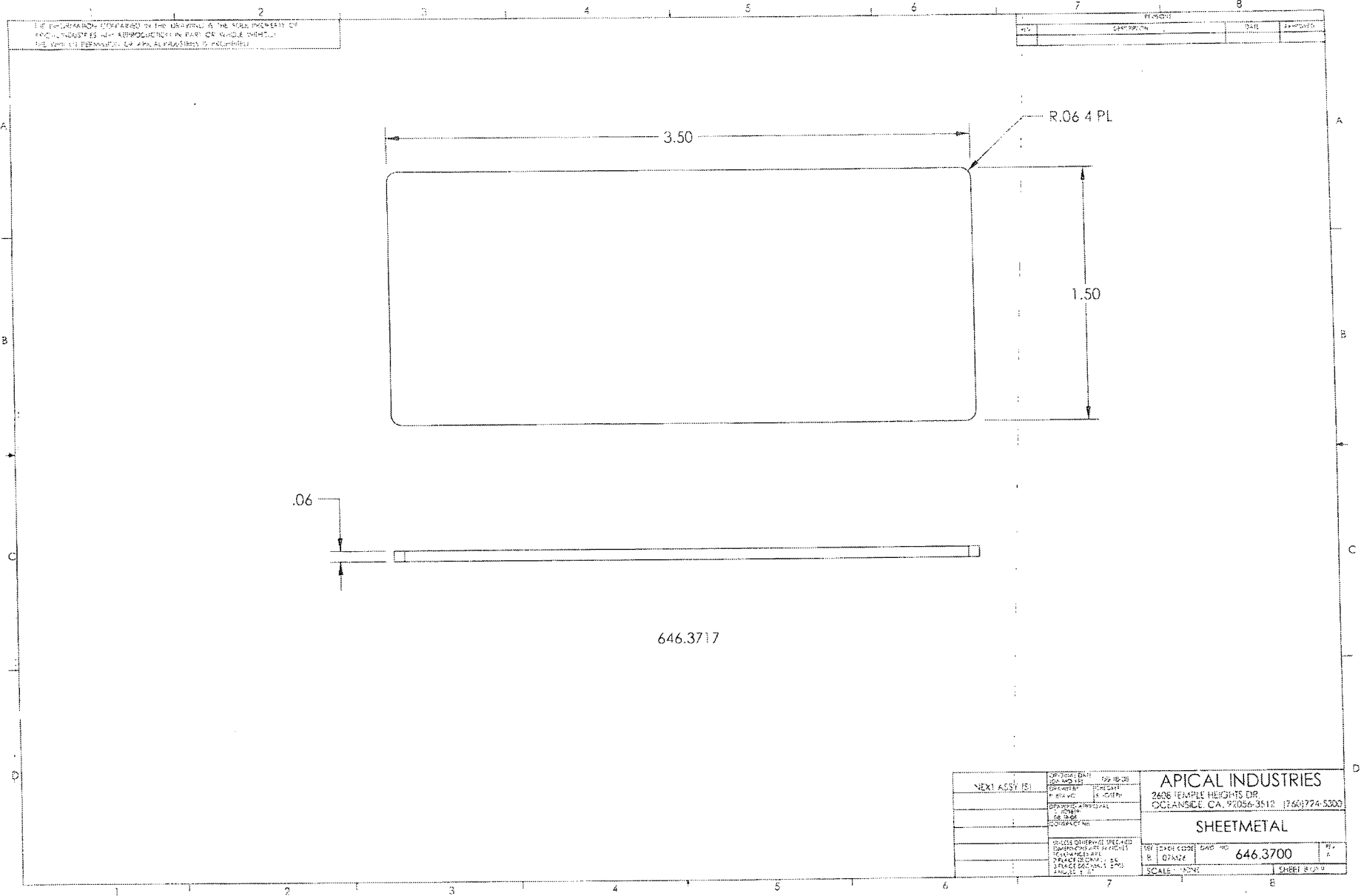
REVISIONS		
NO.	DESCRIPTION	DATE
1	ISSUED	



646.3716

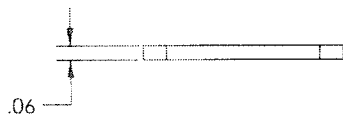
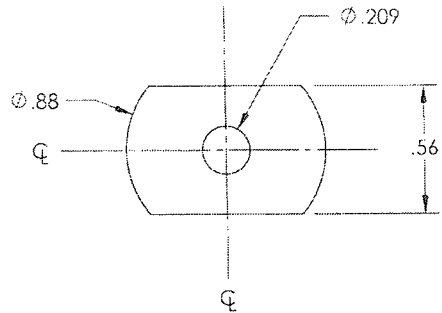


NEXT ASSY (S)		APICAL INDUSTRIES	
PART NO.		2608 TEMPLE HEIGHTS DR.	
REV.		OCEANSIDE, CA 92056-3512 (760) 724-5360	
DATE		SHEETMETAL	
APICAL INDUSTRIES, INC.		646.3700	
APICAL INDUSTRIES, INC.		SCALE: 1"=1"	
APICAL INDUSTRIES, INC.		SHEET 1 OF 1	

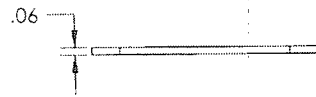
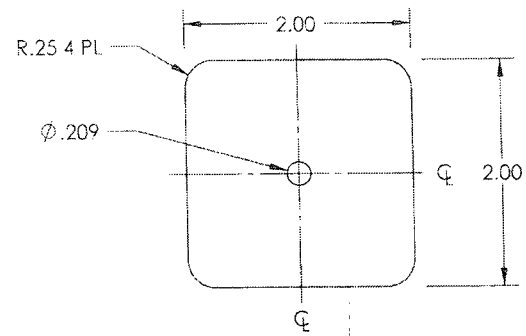


REVISIONS			
REV	DESCRIPTION	DATE	APPROVED

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646.3718



646.3719

NEXT ASSY (S)	DESIGN DATE	20 10-28	APICAL INDUSTRIES	
	DESIGNED BY	C. W. RAY		
	DESIGNED BY	C. W. RAY	1608 TEMPLE HEIGHTS DR.	
	DESIGNED BY	C. W. RAY	OCEANSIDE, CA. 92055-5512 (760)724-5500	
B. W. RAY	DESIGNED BY	C. W. RAY	SHEETMETAL	
	DESIGNED BY	C. W. RAY		
	DESIGNED BY	C. W. RAY	646.3700	
	DESIGNED BY	C. W. RAY	SCALE: 1:1	
SHEET 1 OF 1			SHEET 1 OF 1	



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 63048

Date: 20-May-14

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: ASST Rev: <u>14 PCS 646.3713 (15.75)</u> 4 PCS 646.3714 (15.75) 18 PCS 646.3715 (6.25) 13 PCS 646.3719 (6.25) 14 PCS 646.3717 (6.25) 6 PCS 646.3812 (6.10) HARD ANODIZE BLACK MIL-A-8625 TYPE II CLASS 2 MIL-P-23377J TYPE I CLASS N Job: 20140302 PO: 24145 Line:		
<p align="center">Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p align="center">ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE : <u>20/5/14</u></p> <p>CERTIFIED SIGNATURE : <u>[Signature]</u></p> <p>RECEIVER SIGNATURE : _____</p>			